



# Pacific Islands University

## Application Procedure

### Certificate in Basic English (CBE) Program

- A. Procedure for materials which **you should send** to PIU:  
(Incomplete forms will result in delay of your application process)
1. Complete the Application for Admission.
  2. Read and sign the Standards of Behavior form.
  3. Provide copies of your birth certificate or passport and immunization card.
  4. Send all of these along with \$40.00 to the main office:

Pacific Islands University  
Registrar  
P.O. Box 22619  
Barrigada, Guam 96921  
USA

- B. Procedure for materials which **you should arrange to be sent** to PIU: (Note: For each of the following items, please include with the form a business-sized envelope, already addressed to the above address and with correct postage in place. Then the person can send the completed form directly to PIU.)
1. Transcripts from your High School and any college you may have attended (a form to request a transcript is attached).
  2. Health Report from your doctor.
  3. Professional Reference either from your school (a teacher, principal, counselor, or other administrator) or from your employer or supervisor if you have been working these past few years.
  4. Official report of your score on the TOEFL exam. Applicant must achieve a minimum score of 400 for undergraduate acceptance.

For questions please contact PIU at 671-734-1812 or by e-mail at [admissions@piu.edu](mailto:admissions@piu.edu).



# Application for Admission

## Certificate in Basic English Program

Pacific Islands University  
Registrar  
P.O. Box 22619  
Barrigada, Guam 96921

### Introductory Information

Date: \_\_\_\_\_

Application for:

Fall Semester

Spring Semester

Summer Semester

Location:

Guam Campus

Other: \_\_\_\_\_ (please enter location)

### Personal Information

Name: \_\_\_\_\_ Social Sec. Number: \_\_\_\_\_

Last

First

Middle

Mailing address: \_\_\_\_\_

Address

City/Island

State

Zip code

Telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  Male  Female

Month Day Year

Country of Citizenship: \_\_\_\_\_ Home Island: \_\_\_\_\_

Ethnicity:  Chinese  Filipino  Japanese  Korean  
 Chamorro  Chuukese  Kosraean  Marshallese  
 Palauan  Pohnpeian  Yapese  African American  
 Caucasian  Other \_\_\_\_\_

US Immigration Status: \_\_\_\_\_ Resident Alien Card #: \_\_\_\_\_

Marital Status:  Single  Married  Other \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_

### Educational Experience

High School: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Graduated: \_\_\_\_\_

College: \_\_\_\_\_

Number of years attended: \_\_\_\_\_ Graduated  Did not graduate

List important school, community and church activities (e.g. music, athletics, and work) which you have participated in. If you have received special recognition in any of these activities, please describe. If necessary, continue listing on a separate page.

Activity	Position Held/Honors Won	Length of Participation
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where do you expect to live while studying at PIU?

- I will live at home and commute to school.       I need a room in the dorm.

How do you plan to pay PIU expenses?

- Self support       Family support       Church support       other:

(Please explain) \_\_\_\_\_  
\_\_\_\_\_

You will need to submit the attached reference: signed Standards of Behavior form, TOEFL score, and your transcript. These must be sent directly to PIU. Please provide for each reference a stamped envelope addressed to PIU.

I have requested a transcript from the following institution: \_\_\_\_\_

I have requested a Professional Reference from: \_\_\_\_\_

My Health report will come from Dr \_\_\_\_\_  
Name Clinic / Hospital

I am enclosing with this application form my personal testimony, a signed Standards of Behavior form, TOEFL scores and my application fee of \$40.00.

Signature: \_\_\_\_\_



# Pacific Islands University

## STANDARDS OF BEHAVIOR FOR PIU STUDENTS

Personal spiritual growth is a basic purpose of PIU. The faith, attitudes and behavior of all members of the PIU family need to grow more like Christ inside and outside the classroom. This means that each individual at PIU must agree to accept the Word of God as authority and humbly submit in heart, mind and life to our Master, Jesus Christ.

In addition, it is important to learn to live in a community. God calls staff and students from different cultural and church backgrounds. This complicates daily life on PIU campus, for Christians are not in agreement about some aspects of Christian life. The Board of PIU has carefully considered cultural and ecclesiastical concerns and agreed upon some standards of behavior for PIU students and staff members. For the sake of maintaining a healthy campus community, PIU specifically prohibits the possession and use of tobacco, illegal drugs, alcohol, and betel nut on school property or at school sponsored activities. Furthermore, PIU expects students to live lives that are consistent with biblical principles. We understand drunkenness, sexual immorality, gossip, slander, profanity, ethnic or cultural discrimination, dishonesty, stealing, plagiarism, etc. to be inconsistent with biblical living. We expect all PIU students to be active participants in the life of a local church and to strive for academic excellence. PIU will attempt to deal with these issues firmly and redemptively. These and other important standards are described further in the Student Handbook and must be followed by each student.

When necessary, there is a policy for rebuke and discipline, also described in the Student Handbook. Any discipline will be based on scriptural principles with the purpose of correcting the quality of our relationships with Christ and with one another. The key to all of this is Christian love, which compels us to submit to God and to one another.

I agree to submit to PIU rules, standards and authorities as long as I am enrolled by the school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# Health Report

Pacific Islands University  
 Registrar  
 P.O. Box 22619  
 Barrigada, Guam 96921  
 Tel: 671-734-1812, Fax: 671-734-1813  
 E-mail: admissions@piu.edu

**To the Applicant:** PIU requires that each student submit a medical history. Student's health records are for the use of the school, and will not be released or disclosed to anyone without the student's knowledge or permission. This information is treated confidentially and does not become part of your academic records.

## I. To be completed by Applicant:

Name of Applicant: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  Male  Female

In Case of Emergency Notify: \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

## PERSONAL HISTORY

Please indicate YES or NO in all questions. Make appropriate comments in the space provided below or on a separate sheet of paper.

Have you had...?	YES	NO	Have you EVER had...?	YES	NO	Do you FREQUENTLY have...?	YES	NO
Scarlet fever			Pain in the chest			Insomnia (can't sleep)		
Rheumatic fever			Shortness of breath			Anxiety, Worry		
Measles			Asthma			Depression		
German Measles			Hay Fever			Nervousness		
Mumps			Allergy			Stomach Trouble		
Chicken Pox			Tuberculosis			Diarrhea		
Malaria			Tumor or Cancer			Dizziness, Faintness		
Venereal Disease						Palpitation		
Recent Weight Gain/Loss						Headaches		
Any Surgery						Colds, Sore Throat		
Any illness or injury or been hospitalized other than already noted? (Give details)			Treatment for a nervous condition or mental condition or mental/emotional problem? (Give details)			Has your physical activity been restricted?		

NOTE: Information regarding handicaps, voluntarily given or inadvertently received, will not adversely affect any admissions decision.

Details:

**II. to be completed by Medical Provider**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Vision: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

Hearing: Right Ear \_\_\_\_\_ Left Ear \_\_\_\_\_

Is the Applicant currently on any medication?  Yes  No

If yes, please list medications and reasons \_\_\_\_\_

In your judgment, is the applicant physically and mentally fit for intensive, continuous study on a college level and to participate in a Physical Education program?  Yes  No

If no, please explain \_\_\_\_\_

Pacific Islands University requires all newly entering students to be immunized against MEASLES and RUBELLA (GERMAN MEASLES). This medical requirement will be strictly monitored and enforced due to the increasing occurrence of measles in adults throughout the Pacific and the United States. It is recommended that these immunizations be administered before coming on campus. We also require up-to-date DPT and Polio immunizations.

**IMMUNIZATIONS**

Please insert date of last immunization:

	#1	#2	#3	#4	#5
A. MMR					
B. Polio					
C. DPT					
D. Hep. B (Optional)					

PPD Date Given: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: (mm) \_\_\_\_\_

If PPD Test is positive, please see attached Form!

**★ Student must show valid documentation of tuberculin skin test result conducted within six months prior to entry into PIU.**

**Comments:**

\_\_\_\_\_  
Signature of Provider Date

\_\_\_\_\_  
Name and Title (Print)

\_\_\_\_\_  
Address

**III. TB Clearance (Only needed if PPD Test is positive)**

Name of Applicant: \_\_\_\_\_  
Last First Middle

Date of initial PPD skin test: \_\_\_\_\_ Result: \_\_\_\_\_

Date of latest PPD skin test: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

Date of Chest x-ray: \_\_\_\_\_ Date read: \_\_\_\_\_ Result: \_\_\_\_\_

Is Tuberculin (Mantoux) skin test positive?  Yes  No

A recent contact to an active TB person?  Yes  No

Is the person Symptomatic?  Yes  No

Sputum smear \_\_\_\_\_ Sputum Culture \_\_\_\_\_

Chemoprophylaxis?  None  6 months  9 months  12 months

- Types of drugs (Preventive Treatment) taken and dose: \_\_\_\_\_
- Date started Preventive Treatment: \_\_\_\_\_
- Date Preventive Treatment completed: \_\_\_\_\_
- On preventive treatment now?  Yes  No

Chest x-ray Suggestive of Tuberculosis?  Yes  No

Previous Diagnose of Tuberculosis?  Yes  No

Pulmonary Tuberculosis?  Yes  No

Extrapulmonary Tuberculosis?  Yes  No

On TB treatment for:  6 months  12 months D.O.T.?  Yes  No

Types and doses of TB drugs taken: \_\_\_\_\_

Date TB treatment completed: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Signature of Physician Date

\_\_\_\_\_  
Name and Title (Print)

# Professional Reference



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P.O. Box 22619  
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Tel: 671-734-1812, Fax: 671-734-1813  
E-mail: admissions@piu.edu

School  Employer  (Check one)

**To the Applicant:** Print your name and address on the lines provided below and sign the waiver if you are willing to give up your right to see this form at some later date. Give this form to your high school counselor, principal or another school administrator who is qualified to give a reference for you. If you are a transfer student, submit this form to a teacher or administrator in your college who knows you. If you have been out of school for at least one year and have been working, submit this form to your employer. You should provide your reference with a stamped envelope addressed to PIU's registrar.

Name of Applicant: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Street/P.O. Box City/Island Zip Code

I willingly waive my right of access to this recommendation knowing that this waiver is NOT required as condition for admission.

Signature: \_\_\_\_\_

## To the Professional:

- How long have you known the applicant and what is your relationship to him or her?  
 Less than 1yr.     1 –5 yrs.     5 – 10 yrs.     All his/ her life
- What is your opinion regarding the aptitude of the applicant for further academic work?  
 negative knowledge     hesitant     moderate     strong     highly enthusiastic     no
- What is your opinion of the applicant's level of social readiness for college?  
 negative knowledge     hesitant     moderate     strong     highly enthusiastic     no
- Do you feel the applicant has leadership ability? Please describe briefly. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the applicant's relationship with his or her friends? Applicant is:  
 sought out     admired but not sought out     tolerated     avoided     rejected
- Would you be happy to have this person continue in or return to your organization?  
 yes     no





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## Transcript Request Form

Date: \_\_\_\_\_

To The Registrar of: \_\_\_\_\_  
Name of School

Address: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_

City

State

Zip Code

Please send a copy of my official transcript to the registrar of Pacific Islands University at the above address. If there is any charge for issuing my transcript, please let me know.

Name: \_\_\_\_\_  
Last First Middle

Other name used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_